

Leslie N. Wood
Senior Director
State Advocacy



The Office of the Healthcare Advocate
PO Box 1543
Hartford, Connecticut 0614
ATTN: Victoria Veltri, Healthcare Advocate

Dear Ms. Veltri,

The Pharmaceutical Research and Manufacturers of America ("PhRMA") is pleased to submit comments on the draft of Connecticut's Healthcare Innovation Plan. PhRMA is a voluntary nonprofit organization representing the country's leading research-based pharmaceutical and biotechnology companies, which are devoted to inventing medicines that allow patients to lead longer, healthier, and more productive lives. PhRMA companies are leading the way in the search for cures.

As Connecticut implements its Healthcare Innovation Plan, especially with respect to the shared savings programs (SSPs), PhRMA encourages the Healthcare Innovation Steering Committee to consider the following recommendations that support patient access, quality improvement, and innovation:

- Connecticut should support choice and competition among health plans and providers.
- As the State develops governance for accountable care organizations (ACOs), other SSPs, and other alternative payment models (APMs), the process should be guided by meaningful input from patients, practicing physicians, and other stakeholders with relevant clinical expertise. For example, APM development should be guided by input from physicians practicing in relevant treatment areas and specialties. To the extent possible, one or more patient representatives should also be involved in the development of APMs. In addition, ACO governance should include one or more patient representatives.
- The Healthcare Innovation Steering Committee and stakeholders should ensure robust quality measure sets for ACOs that include, where possible, measures of clinical outcomes – recognizing intermediate health outcomes, patient reported outcomes, quality-of-life, and functional status as types of health outcomes. ACOs' should demonstrate that financial incentives for cost containment are balanced by measures of health outcomes. Measures should be reassessed on a regular basis to identify new or remaining gaps and to ensure that measures are maintained to keep pace with changes in technology and clinical practice. In addition, ACOs and their Connecticut payers should work to add quality measures for clinical conditions where financial incentives are not balanced by quality measures, including identifying endorsed measures that can fill gaps and developing new measures where currently endorsed measures do not exist.

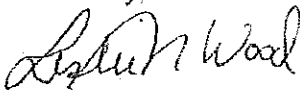
Pharmaceutical Research and Manufacturers of America

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- Connecticut should ensure that ACOs have incentives to manage the total cost of care on a system-wide basis, rather than silo the cost of various products and services. ACOs should demonstrate the ability to manage the cost of care and have in place the necessary Health information technology to do so.
- ACOs should promote delivery of treatments and services recognized as the standard of care, as described by tools such as clinical guidelines, compendia, and other elements of evidence-based medicine.
- ACOs and APMs should give physicians and patients flexibility in choice of treatment and services, and should preserve and respect informed, shared decision-making by patients and physicians among available treatment options in recognition of heterogeneity among patients. Patients should be given information to support choice of ACO including the ACO's network of providers and any cost-sharing differences between ACOs. Physicians should also give patients information needed for high quality shared decision-making, and patients should have access to a timely, transparent and affordable exception and appeals process.
- If ACOs conduct assessments of novel treatments, they should provide transparency and independent review. Pharmacy and Therapeutics committees involved in making assessments of new medicines or medical technologies should consist primarily of practicing physicians and pharmacists, come from a range of specialties, meet regularly, make their assessment criteria clear, base clinical decisions on the strength of scientific evidence, standards of practice and treatment guidelines, and account for heterogeneity among patients.
- Connecticut Medicaid should rigorously evaluate alternative payment models within two years of development
- ACOs should promote comprehensive medication management (CMM) as the standard of care. CMM should include assessing each patient's medications for appropriateness, effectiveness, safety, and ability to be taken as intended; developing a care plan that addresses any medication problems; follow-up evaluation of the patient to ensure outcomes are achieved; and communication with the patient's health care provider.

Thank you very much for the opportunity to comment on Connecticut's draft Healthcare Innovation Plan. We look forward to the opportunity to work with the State and Healthcare Innovation Steering Committee and the relevant work groups, and we respectfully ask that representatives from our industry are included in these discussions. Please contact me, if you have any questions regarding these comments.

Sincerely,



Leslie N. Wood